

**SUBMIT ELECTRONICALLY TO BRIGADE NURSE COUNSELOR**

**NURSE SUMMER TRAINING PROGRAM APPLICATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

SSN: \_\_\_\_\_

DOB (Month/Day/Year): \_\_\_\_\_

Name of ROTC Host School: \_\_\_\_\_

POC at the Battalion: \_\_\_\_\_

Phone # \_\_\_\_\_

MSIII / MSIV / Other \_\_\_\_\_

Name of School of Nursing: \_\_\_\_\_

Mailing address, while in school:

Street \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Last day phone # is effective \_\_\_\_\_

Email address @ school \_\_\_\_\_

Mailing address permanent/summer address after the school year ends:

Street \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Last day this is effective month/day \_\_\_\_\_

Email address @ home \_\_\_\_\_

What type of clinical experience (school or in personal life) will you have had by 1 May 2003?

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Please list any specific requirements to receive academic credit for NSTP (i.e. additional evaluation, project, number of clinical hours) \_\_\_\_\_

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What is your last day of classes? Month/Day \_\_\_\_\_

What is the first day you will be available to attend NALC:

Month/ Day \_\_\_\_\_

When will you be required to return to school for Fall classes/registration?

Month/day \_\_\_\_\_

NSTP Application

Cadet Name: \_\_\_\_\_

Last APFT score: \_\_\_\_\_

Height/weight standard: pass \_\_\_\_\_ fail \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

Do you hold a current RN or LPN license? Yes\_\_\_\_ / No\_\_\_\_ (if yes, please complete the following)

State issued: \_\_\_\_\_ License number: \_\_\_\_\_ Expiration date \_\_\_\_\_

**(Photocopy license to include with application)**

**Basic Life Support** Expiration date \_\_\_\_\_

\*\*\*You **must** have current CPR certification to last throughout the **entire** NSTP rotation. If you are not certified, you must be so **prior to the end of the spring semester**. In addition to being provided as a part of this application, proof of certification must be presented during in-processing at the NSTP site. Students without valid BLS certification **will not** proceed to NSTP. **(Send Photocopy CPR card to Brigade Nurse Counselor)**

Please prioritize (1-5) the primary clinical assignment you desire during NSTP. 1=first choice, 5=last choice (any special considerations should be addressed in the narrative section on the last page).

\_\_\_\_\_ Medical

\_\_\_\_\_ Critical Care

\_\_\_\_\_ Surgical

\_\_\_\_\_ Maternal-Child

\_\_\_\_\_ Emergency

Please indicate your preference for CONUS or OCONUS NSTP site. Your specific NSTP site (i.e., Military Treatment Facility) will be selected to provide you with the BEST opportunity for a clinical experience. OCONUS sites include Hawaii and Germany. These assignments will be made based on an order of merit list created by the Region Chief Nurse with input from the Brigade Nurse Counselors.

\_\_\_\_\_ CONUS

\_\_\_\_\_ OCONUS

\_\_\_\_\_ No Preference

Please indicate with an “x” the additional clinical experiences/exposure you desire during NSTP. Mark all that apply. (Any special considerations should be addressed in the narrative section below).

\_\_\_\_\_ Peri-operative Nursing (OR)

\_\_\_\_\_ Pediatrics

\_\_\_\_\_ Post-Anesthesia Care (recovery room)

\_\_\_\_\_ Psychiatric Nursing

\_\_\_\_\_ Labor & Delivery

\_\_\_\_\_ Primary Care Clinic

\_\_\_\_\_ Mother/Baby Unit

\_\_\_\_\_ Community Health

## NSTP Application

Cadet Name: \_\_\_\_\_

Do you have prior active duty service? Yes \_\_\_\_ / No \_\_\_\_ If yes, what duty locations have you had?

Have you ever been employed or worked as a volunteer at an Army Military Treatment Facility?

Yes\_\_\_\_\_ / No \_\_\_\_\_ If yes, what facility?

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**Cadet Comments:** Briefly identify three clinical goals you would like to achieve during NSTP. If you have special considerations or comments, please add them here.

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**SUSPENSE: 1 March 04**  
**TO Brigade Nurse Counselor**

*Official Use Only:*

Clinical assignment: \_\_\_\_\_  
Regiment assignment: \_\_\_\_\_